



Present

Jasmin Tecson	President
Bounmy Inthavong	Acting Vice President
Mandy Levenscrown	Treasurer
Disha Alam	Member at Large
Janis Dalacker	Member at Large
Liz Fraser	Member at Large
Sarah Martineau	Member at Large

AOM Staff

Juana Berinstein	Acting Executive Director, Director, Policy & Communications
Allyson Booth	Director, Quality Risk Management
Ellen Blais	Director, Indigenous Midwifery
Cara Wilkie	Manager, Quality Risk Management
Leila Monib	Manager, Indigenous Midwifery
Anna Ianovskaia	Executive Assistant (recorder)

Regrets

Genia Stephen	Secretary
Kim Cloutier Holtz	Acting Secretary

The meeting began at 9:35 am.

Land Acknowledgement

J. Tecson began the meeting with a land acknowledgement.

Introductions and Welcome

J. Tecson noted the strategic goal related to racial equity has been incorporated into the AOMs work, included added to the board agenda template. Introductions were made for Nancy Chisholm, new Director of Human Resources and Operations. Feben Aseffa, was welcomed to her first board meeting as Director of Health, Equity, Quality and Human Rights. Leila Monib, new Manager of Indigenous Midwifery was welcomed and introduced.

Business Arising

There was no business arising.

1. Agenda Approval

Item 5.3 was moved to be presented before Item 5.2.

MOTION: To approve the agenda as amended.

MOVED: B. Inthavong

SECONDED: M. Levencrown

CARRIED.

The agenda was approved.

2. Meeting Evaluation

The evaluator for this meeting was S. Martineau.

3. Consent Agenda

MOTION: To approve the consent agenda as amended.

MOVED: B. Inthavong

SECONDED: M. Levencrown

CARRIED.

The consent agenda was approved as amended.

4. Executive Director Report

J. Berinstein presented the report. This is an unprecedented time, with the pandemic, a global reckoning with racism, and organizationally with the deep impact of K. Stadelbauer's medical leave. J. Berinstein acknowledged the heavy load midwives are carrying at this time, including members of the Board. The work of the AOM board was acknowledged in supporting and advocating for midwives. J. Tecson and B. Inthavong were especially recognized for their thoughtful leadership during this difficult time. J. Berinstein thanked the AOM directors and managers in leading the work at the AOM during this most difficult and complex time.

The board went in camera at 9:55 am for an HR update.

The board came out of camera at 10:23 am.

4.1 Pandemic Report

The pandemic report was presented as circulated.

5. President Report

J. Tecson provided the President report. The AOM continues work with the College of Midwives of Ontario and hold liaison meetings. Specifically, discussions are focused on rescinding around consultation and transfer of care, and the new scope of practice guide (SPG). The AOM has submitted feedback regarding the SPG.

The AOM provided media briefings and held webinars for membership on topics including legal expense insurance, the Divisional Court decision and the Remedy update. Implementation of Remedy with Ministry has been an ongoing and challenging process. The AOM continues to insist on a proactive approach to address gender bias.

The board discussed the ground rules at the top of the agenda. F. Aseffa suggested an amendment surrounding the ground rule of “assuming best intent.” The board discussed the importance of recognizing difference between intent and impact. Experiences of harm can be continued to be experienced and further dismissed.

MOTION: Amend the ground rule of “assume best intent” to “assume best intent and commit to rectifying harmful impacts of good intentions

MOVED: L. Fraser

SECONDED: M. Levencrown

CARRIED.

6. Finance Report

N. Chisholm thanked J. Berinstein, Directors, and the Finance team at the AOM for support. The financial report presented focuses on period of January – June 2020. The financial impacts of the pandemic have not been substantial. Budgeting for 2021 will be trickier, but overall, the financial picture at the AOM is stable.

N. Chisholm presented the special levy and HRTO costs at the AOM from 2013 to 2020. HRTO and special levy costs will be shared with membership.

7. Closing the gender wage gap for midwives

J. Berinstein provided updates for the board on activities regarding implementing the HRTOs remedy orders since early summer 2020.

7.1 Additional Applicants

With regards to issues surrounding additional Applicants, the AOM received legal advice that it had met its legal obligations and duties in terms of informing midwives of their obligation to take proactive steps. Staff have reflected on the process, ultimately reflecting that it was good enough but not perfect, and that there have been lessons learned. At the time of establishing the process for collecting consents from individual midwives to become Applicants, the AOM had followed legal advice and implanted the process suggested by legal counsel.

The AOM advocated for 39 additional applicants with extenuating circumstances and those who had made efforts to become Applicants in a timely way, as per legal advice. The AOM made a submission (including affidavits) for an additional 39 midwives, to which the Ministry has tentatively said yes. Upon acceptance of these 39 midwives, the AOM will not be able to add any additional midwives moving forward, as per the requirement of the Ministry. The path for

midwives in the future will be to file individual complaints through the HRTO. While this brings good news for the 39 midwives, there has been disappointment from some of the other 30+ for whom legal counsel advised the AOM not to advocate to include them, because they had not met the threshold for taking the necessary steps in a timely way.

The AOM is nearing resolution around what has been difficult and taxing work over the summer. Two additional lawyers were brought in to assist with this work, including the drafting of the 39 affidavits, the cost of which will be included in the legal levy.

7.2 HRTO Remedial relief

J. Berinstein provided an outline of Remedial relief efforts between AOM and Ministry. This has been difficult work, as generally the Ministry has taken the most conservative views in their interpretation of Orders and because in some areas (for example, what constitutes compensation for a midwife) the Tribunal was quite vague in the orders (leaving the AOM in a situation where it has had to formally advocate, for example, for the inclusion of caseload variables as part of compensation).

7.2.1 Implementation Steering Committee (ISC)

A dispute resolution facilitator, Elaine Todres, was retained to facilitate the two parties (ministry and AOM) to implement Tribunal orders at regular Implementation Steering Committee meetings. As per the Tribunal order, the cost of the facilitator is shared between the ministry and the AOM. The ISC table has been meeting weekly throughout the summer, and often working groups hold additional meetings as well.

7.2.2 Retroactive pay and damages

The AOM has agreed to administer the injury to dignity payment to Applicants, in order to expedite the process. The Ministry has moved forward with administering the 2% increase to midwives for 2020 billings.

7.2.3 Joint compensation study steering committee

The Tribunal has ordered the ministry to fund, but for the parties to collaborate on a joint compensation study of midwifery work and its comparators, including male comparators.

7.2.4 Gender based analysis

The Tribunal has ordered the ministry to conduct a gender-based analysis (GBA) study of their compensation-setting policies and practices.

Post studies period

Both the joint compensation study and the GBA study are expected to be completed in January 2021. The ministry and the AOM will then be a post-studies negotiation period, where under the facilitation of Dr Todres will negotiate any further changes that the ministry implements to ensure midwives are compensated free of adverse gender impacts.

8. AGM, Constitution, and resolutions

J. Berinstein, E. Blais and F. Aseffa led this update. The Board has been talking about making formal changes to better align the AOM Constitution with organizational strategic goals.

8.1 Constitutional changes

E. Blais presented the Indigenous Midwifery department's approach to making Constitutional changes. IM staff and AOM Board will be looking at the Terms of Reference for the Indigenous Midwifery Advisory Circle (IMAC) in the coming months. The AOM is also working on its relationship with the National Aboriginal Council of Midwives (NACM), which may support changes made to IMAC. AOM is working with NACM to align priorities, and will bring forward Constitutional changes at the 2021 AGM after following a thoughtful consultation process. The IM and HEQHR departments will work together on intersectional issues that affect Indigenous and racialized midwives.

8.2 AGM Procedures for racial equity

F. Aseffa highlighted the guidelines for decolonizing and racially equitable meetings.

J. Tecson commended that these guidelines are helpful to navigate self-identity, and called for support of IBPOC board members to take up the space needed. It is an ongoing process for board members to learn to support each other and the membership.

MOTION: To approve the racial equity guidelines for the 2020 Annual General Meeting.

MOVED: J. Dalacker

SECONDED: B. Inthavong

CARRIED.

8.3 AGM Resolutions

J. Berinstein presented legal opinions for newly received resolutions (1 and 2). The board was reminded that resolutions are not binding, but rather considerations put forward by membership. The board will make time in the November agenda to review make decisions on passed resolutions. Similarly, a resolution that is not passed by membership may trigger decision-making by the board.

J. Tecson outlined the resolution submission process for newer board members, with regards to communication with proposers regarding wording and spirit of resolution.

The board discussed similarities between resolutions 1 and 2, legal implications, and needs to clarify language.

ACTION: L. Fraser will communicate with proposers to indicate changes needed.

8.4 Racial Equity Committee (REC) report re AGM and Resolution

F. Aseffa presented the REC report and feedback with respect to remaining resolutions. REC commentary for each resolution will be shared with membership at the AGM.

8.5 Memo re Resolution 5

The board discussed memo re resolution 5 as it was circulated. M. Levencrowne expressed that the options should be shared with membership, and that the resolution should be discussed. S. Martineau asserted that this is an important discussion for membership, but expressed concern about centering the wrong voices.

A. Booth shared AOM limitations as an association, and the shift that such a resolution would make in the nature of how AOM works with its membership. It was additionally noted that this resolution was submitted before legal expense insurance was announced to membership. While not a perfect solution, legal expense insurance provides associates, especially those who don't have access to practice group insurance, with insurance that allows for resources to launch a legal action.

The systemic nature of these issues in midwifery was recognized. The board will not make a statement in advance of the AGM with regards to this resolution. B. Inthavong and J. Tecson addressed the additional burden facing IBPOC members with regards to this resolution, particularly those who have experienced power imbalances and bullying.

***MOTION:** Approve tabling resolutions 3-4-5 and tabling of resolutions 1-2 following potential revision by the proposers.*

***MOVED:** L. Fraser*

***SECONDED:** S. Martineau*

CARRIED.

9. Strategic Planning

This item will be addressed at the November intensive.

Meeting Evaluation

S. Martineau conducted the meeting evaluation.

Meeting Adjournment

***MOTION:** To adjourn the meeting.*

***MOVED:** B. Inthavong*

***SECONDED:** S. Martineau*

CARRIED.

The meeting ended at 12:28 pm.